

CHANGE OF E-MAIL ADDRESS FORM

Providers enrolled in the OPT OUT service receive monthly e-mails containing direct links to Medi-Cal Web pages featuring the latest *Medi-Cal Updates*, manual pages, training information and more. In the event of an e-mail address change, providers should submit the *Change of E-mail Address Form* at least **two weeks** prior to discontinuing their current e-mail address to ensure continuous delivery of these e-mails.

Directions: Enter your contact information directly into the form by clicking each of the fields below. However, you must then print and sign the form before mailing it to EDS. An original signature is required; therefore, the form may not be submitted online. If you elect to complete this form by hand, please **print legibly in black ink**.

Provider/Group Name: _____ Medi-Cal Provider Number: _____

Contact Name
(if different from above): _____ Phone Number: () _____

Old E-mail Address
(currently used by EDS): _____ @ _____

PLEASE PRINT LEGIBLY

New E-mail Address: _____ @ _____

PLEASE PRINT LEGIBLY

Provider/Authorized Provider Representative Signature

Printed Name of Signee

Date

IMPORTANT OPT OUT INFORMATION

Please allow time for EDS to process the *Change of E-mail Address Form*. EDS will send an electronic verification to the new e-mail address specified above to confirm receipt of the form and validate the e-mail address. The provider **must respond** to this e-mail in order for EDS to continue OPT OUT services. Please ensure that your e-mail system will allow you to receive e-mails from **mcsubscriptionservices@eds.com**.

If e-mail notifications are returned to EDS as undeliverable for more than two months, EDS will automatically discontinue the provider's OPT OUT service and the hard copy (printed) service will resume.

Mail this completed form to:

General Services and Distribution
EDS
P.O. Box 13029
Sacramento, CA 95813-4029

For assistance, contact the Telephone Service Center (TSC) at:

1-800-541-5555



EDS Use Only

Verification: _____

Response: _____